

GEORGIA BOARD OF DENTISTRY

Adopted Board Policies

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Any updates to the manual will reflect the date approved by the Board.

Please note that policy statements issued by the Board are subject to change and require no prior notice from the Board. You may contact the Board office to confirm that the information in this publication is still current.

Acupuncture for Treatment

Because acupuncture is not a specialty recognized by the Georgia Board of Dentistry or the American Dental Association, there are no licensing procedures or guidelines regarding its use which can be found in the Georgia Dental Practice Act. Consequently, the Georgia Board of Dentistry can neither endorse nor encourage the use of this technique in the practice of dentistry at this time. (adopted 2/11/00)

Appliances Used For Weight Loss

The impression, construction, insertion (delivery) of the appliance and the maintenance of the oral health related to the appliance is within the scope of practice of dentistry pursuant to O.C.G.A. Title 43 Chapter 11. The diagnosis, evaluation and continued evaluation of the patient's suitability for the appliance is not within the scope of practice pursuant to O.C.G.A. Title 43 Chapter 11.

Therefore, only under the orders of a physician can a dentist fabricate this appliance for the designated patient and conduct only those tasks allowed pursuant to O.C.G.A. Title 43 Chapter 11.
(adopted 10/8/04)

Applications for Licensure

Number of references required for licensure:

- The Georgia Board of Dentistry requires as part of the application process, two (2) letters of reference. (adopted 5/11/07)

Expiration of incomplete applications:

- Incomplete applications are maintained in the Board office for a period of one (1) year. After such time, the application is rendered void and the applicant must reapply and pay all required fees.
(adopted 1/10/03)

Approval of Licensure by Executive Director:

- The Georgia Board of Dentistry established the requirement that all licensure applications with "non-standard" or unusual applicant responses must be presented to the Board for approval.
(adopted 1/12/01)

Administratively Processed Applications with report of DUI

Applications received that report only one (1) DUI within the last three (3) years, and verified by a GCIC report that this is the only criminal activity (GCIC to be run by Enforcement), can be approved administratively. The administrative processing of these licenses means that the Board staff has reviewed the documents and approved licensure based upon the laws, rules and board policies that pertain to that specific type of licensure. These administratively issued licenses will be considered for a vote to ratify at the next regularly scheduled board meeting.

(adopted 6/18/04)

Release of Confidential Information

All requests from other state agencies or licensing boards for the release of investigative or confidential application materials will be approved without the necessity of a prior Board vote. (adopted 3/9/01)

Webcast Continuing Education (CE) and CE Audits

Effective February 1, 2010, the Board will randomly select a percentage of its licensees to conduct a CE audit for the preceding renewal period.

(adopted 01/11/2008)

CE Audit Guidelines:

1) Pursuant to Rule 150-3-.09 and Rule 150-5-.02, official documentation is defined as documentation from an approved provider that verifies a licensee's attendance, course content, hours earned, and date and times that a course is given. Checks for payment, hotel reservations, or copies of a course syllabus shall not serve as official documentation.

2) Any licensee who does not respond to the audit notice or to a deficiency notice within thirty (30) calendar days will be considered by the board for sanction for non-compliance and falsifying the renewal application.

3) A report of licensees deemed in compliance and those deemed noncompliant will be presented by the CE Audit Committee to the full Board at the next regularly scheduled board meeting(s) following a review of audit materials.

(adopted 01/11/2008)

Webcast CE Programs: Effective September 11, 2009, the Georgia Board of Dentistry voted that webcast programs are not considered "live" CE coursework. Webcast programs are computer based on line programs and are counted as such.

Dental Hygienists

Approved Modalities for Dental Hygienists:

Use of the following therapies and their placement by trained dental hygienists are approved:

- 1) Flourides, including but not limited to: stannous, neutral sodium, acidulated phosphate

- 2) Chlorhexidene gluconate solutions, including but not limited to:
Peridex, Perioguard
- 3) Chlorhexidene gluconated chip, including but not limited to:
Perio-Chip
- 4) Resorbable doxycycline hyclate, including but not limited to:
Atridox
- 5) Resorbable minocycline hydrochloride, including but not limited to:
Arestin
- 6) Oraquix.

This list will be continually visited and updated, and it will be the responsibility of the licensed dental hygienist to ensure that he/she is practicing within the law. **This list is not to be construed as an endorsement of any specific product by the Georgia Board of Dentistry.**

(adopted 8/9/02)

Dental Screenings By Dental Hygienists:

- Definition of the term “Other Health Fair Settings” – healthcare settings where other healthcare disciplines are represented as part of the overall screening. Approval by the Georgia Board of Dentistry will not be granted under the provisions of Code Section §43-11-74(e) for the performance of dental screenings in settings where other healthcare disciplines are not represented.
- Administrative staff (Executive Director/Applications Specialist) is authorized to approve routine applications on behalf of the Board. Ratification of such approvals from the full Board will occur at the next regularly scheduled board meeting.
- Applications of “other health fair settings” shall be submitted to the Board office for approval at least ten (10) days prior to the scheduled health fair date.

(adopted 10/4/01)

Dental Hygienists Sanctioned by the Board

If a dental hygienist is sanctioned by the Board, a letter of concern will be sent to the dentist for whom they work surrounding the same issue for which the hygienist is sanctioned. (adopted by the Board 6/18/04)

Denturism

The Georgia Board of Dentistry strongly feels that any move to legalize and/or license individuals engaged in the practice of denturism would adversely affect the oral health of Georgia citizens. In carrying out its licensure and regulation responsibilities for the protection of the public, each year the Board must initiate investigations into citizen complaints of unlicensed practice by individuals who are unqualified and untrained. Any effort to legitimize the practice of denturism would result in an increased number of complaints, misleading and deceptive

misrepresentations to the public, and a decrease in the quality of health care in Georgia. During the period of 1998 to the present, the Board has had to initiate twenty-one separate investigations into allegations of unlicensed practice of dentistry. These investigations reveal that patients are often times deceived by these technicians who hold themselves out to the public as dentists, but do not have the extensive educational training needed to properly address the full range of patient oral health care needs. Specifically, in recent years the Board has seen cases where patients under the care of such individuals have been harmed when serious oral maladies and conditions went undetected and ultimately resulted in the need for radical and deforming surgery. Likewise, in an era where the spread of infectious diseases is of great public concern, a large number of Board investigations related to unlicensed practice activity have shown that patient health, safety, and welfare, is severely compromised due to a common failure by such individuals to adhere to proper infection control guidelines and procedures. Conversely, all dentists are required by law to adhere to CDC infection control standards and have received extensive training in this area to prevent the transmission of infectious diseases such as HIV and Hepatitis B during dental procedures. Although rising concerns with the cost of dental care is an issue of many citizens, the complaints received by the Board office and those which have received local media attention, clearly indicate that Georgia citizens do not want quality of care compromised for the sake of cost. The Board trusts that the interests of the citizens of this state will rise above the economic concerns of a small group of individuals and defeat any efforts to legalize the unqualified, untrained, and unlicensed practice of dentistry.
(adopted 4/27/01)

Direct Supervision in All Dental Assisting Programs

A licensed dentist is required to provide direct supervision in all dental assisting programs in Georgia for training on any patient based procedures, including but **not** limited to exposing x-rays. (adopted 6/8/2007)

Emergency Rules

The Georgia Board of Dentistry is charged with promulgating rules and regulations to carry out the performance of its duties as set forth in Georgia law. Such rules and regulations are enacted in compliance with the notice and hearing as required by Georgia law O.G.G.A. 50-13-4(a). In the event that the Board finds that an imminent peril to the public health, safety or welfare exists, the Board may adopt a rule upon fewer than 30 days' notice or not notice or hearing. In the event that such an emergency rule is necessary, the Board shall enact such a rule in compliance with the procedures outlined in Georgia law O.C.G.A. 50-13-4(b).

General Anesthesia/Conscious Sedation

Sites:

Each site where Conscious Sedation/General Anesthesia is administered must maintain its own stationary stand-alone equipment and medication. Conscious Sedation/General Anesthesia applicants must submit statements with their application materials requiring them to notify the Board of any site or technique changes or additions. (adopted 5/12/00)

Permits to Licensed Physicians:

The Georgia Board of Dentistry may only issue a permit to a dentist who has met the requirement set forth in accordance with O.C.G.A. §43-11-21 and O.C.G.A. §43-11-21.1; consequently, it is not within the purview of the Georgia Board of Dentistry to issue a CS/GA permit to any individual practicing dentistry under his or her medical license. (adopted 7/21/00)

Investigative Cases/Referral to Consultant

At the July 15, 2005 meeting the Board voted to approve the following as policy:

When a complaint is received by the staff alleging over-diagnosis/treatment planning pertaining to scaling, root planing and/or full mouth debridement, the staff will contact a consultant and refer the patient and records to a consultant for an evaluation. Once the consultant's report is received, it will be provided to the members of the Investigative Committee.

Licensure by Credentials for Active Duty Military

At the September 7, 2007 meeting the Board voted to approve the following as policy:

Applicants for licensure by credentials who have been active duty military will be considered for an exemption to the state of licensure practice requirement upon receipt of a letter of endorsement from his/her Commanding Officer attesting that there have been no disciplinary actions on his/her record during his/her service.

Licensure Overview Committee Appointments

Failure to show for an appointment scheduled with the Licensure Overview Committee will result in the individual not being allowed to reschedule the appointment for one year from the date of the missed appointment.

(adopted 3/11/05)

Periodontal Parameters of Care

At the July 15, 2005 meeting the Board voted to adopt the following as policy:

- As stated in a memo dated 3/31/01 from the Georgia Society of Periodontists: Following phase one treatment variously known as initial therapy, non-surgical therapy, scaling and root planning, etc., patients should be comprehensively re-examined and reevaluated, and the results recorded and documented. Following such reevaluation, surgical resective or regenerative therapy or extraction to eliminate periodontal infection should be considered and implemented if indicated, if one or more of the following conditions are identified:
 - 1) Infected persistent pockets, manifested by bleeding on probing and/or suppuration, and/or redness, and/or swelling
 - 2) Non-maintainable deeper periodontal pockets exceeding 5 millimeters in depth
 - 3) Residual radiographic calculus
 - 4) Angular or horizontal bony defects identified radiographically
 - 5) Furcation defects identified radiographically
 - 6) Tooth mobility.

Practice Management

Paperless Patient Records:

- Practice Management Computer Software for creating and storing patient records:
 - Dentists utilizing such technology must be able to produce a diagnostic quality image and in response to a request for records, must also certify under oath that the records and the image(s) have not been altered.

(adopted 11/8/02)

Reinstatement Policy

For licensees whose licenses expired at the most

recent renewal deadline.

The Reinstatement Application is available on the board's web site at www.sos.state.ga.us/plb/dentistry. Fees - \$750 Dentist/\$350 Hygienist

Once the applicant has submitted the completed reinstatement application and the supporting documents the board staff will review and issue the reinstatement for all individuals with a "clean" application. "Clean" applications will be reinstated within 10 working days from receipt. A list of the reinstated licensees will be presented to the board for ratification at the next board meeting. The supporting documents required with the reinstatement application include:

- Dentist - CE totaling 40 hours within the last two years;
- Hygienist – CE totaling 22 hours within the last two years;
 - The CE hours used for reinstatement cannot be used to meet the CE requirement for the biennium for which the license is reinstated;
- Copy current CPR card;
- Verification of licensure from all states in which they hold a license;
- Jurisprudence;
- NPDB Report;
- Resume/CV;
- Four references;
- Completed malpractice questionnaire

For any reinstatement application citing problems, (not having CE during last biennial renewal period, convictions, disciplinary action in other states, impairment, etc.) the licensee will be scheduled to a meeting with the Licensure Overview Committee.

For licensees that state that they **have not been practicing** without a license since the date that the license lapsed are reinstated without a consent order.

For licensees that state that they **have been practicing** without a license since the date that the license lapsed are reinstated and the matter is referred to Legal Services to send a public consent order citing the dates of the unlicensed practice with a \$1,000 fine to be paid within 120 days of the effective date of the order, 3 years probation, completion the Law Ethics and Professionalism (LEAP) course within one year of the effective date of the order, 5 hours CE in Risk Management within one year of the effective date. A letter of concern is to be mailed to all employers of hygienist with a lapsed license concerning aiding and abetting unlicensed practice. The option of a private consent order with a reprimand is available if the public order is not signed. If neither order is signed, the matter is referred to the AG's office and moves to a hearing.

The board also allows reinstatement consent orders that have been signed by the licensee and returned to the board office to be accepted upon receipt, with the Executive Director signing for the Board President.

If reinstatement is granted, the license will be required to be renewed by the last day of December in ODD numbered years, regardless of when the license is reinstated.

The implications of a licensee practicing without a license are far-reaching. Employees/associates working with an unlicensed person could be subject to disciplinary action for aiding & abetting unlicensed practice; Medicaid & Medicare charges during the unlicensed period may be subject to denial or reimbursement; malpractice providers may not cover the individual during the unlicensed period.

All other reinstatement applications must be reviewed and approved by the Board.

(updated 3/11/05)

Smoking Cessation Policy

The Georgia Board of Dentistry considers the use of behavior modification techniques, nicotine replacement therapy using nicotine patches or chewing gum and prescription drugs approved for smoking cessations including but not limited to bupropion (Zyban® or Wellbutrin®) to be within the scope of practice of Dentistry in Georgia.
(adopted 01/19/07)

Cease and Desist Orders

It is the policy of the Georgia Board of Dentistry to accept all Voluntary Cease and Desist Orders upon receipt in the Board office and authorize the present/chairperson or his or her designee to execute the Order and to authorize the Orders to be docketed and served. It is the intent of the Board that the orders will be in effect upon docketing.
(adopted 07/07/08)

License Renewals for Deployed Licensees

Licensees can renew on-line beginning approximately Mid-November 2009. Licensees have until June 2010 to late renew. Upon receipt of copies of official military orders citing active duty military deployment, the Board will consider allowing late renewal without payment of the additional late renewal penalty fees. Licensees who can provide paperwork to the Board concerning military deployment will not be

lapsed for non-renewal and upon request will renew said license without penalty.

(adopted 06/05/09)